



Massachusetts Flower Growers' Association
8 Gould Road
Bedford, MA 01730

**Application for Massachusetts Flower Growers' Association
Scholarship Award**

A. Name: _____ Telephone Number: _____

Street: _____

City/Town: _____ State: _____ Zip Code: _____

B. High school(s) attended in last 3 years:

School: _____ Date: _____

School: _____ Date: _____

School: _____ Date: _____

C. Name of school or college for which you request the scholarship:

D. Number of years of study planned (circle one): 1 2 3 4 5 6

E. If now enrolled in an institution of higher learning give name and address of the school or college:

Name: _____

Address: _____

F: Major course of study:

G. Complete the following information for the college you plan to attend:

1. Tuition \$ _____ 2. Room and board \$ _____ 3. Books \$ _____

4. Fees \$ _____ 5. Other \$ _____ Total \$ _____

H. Family Income:

0 - \$30,000 _____	\$30,000 - \$50,000 _____
\$50,000 - \$70,000 _____	Over \$70,000 _____

I. Number of children younger than you in the family: _____

J. Number of children older than you:

K. Number of above children attending college:

Specify name(s) of college(s)

L. Your assets or debts:

1. Have you earned and saved any money toward your education? Approximate amount \$ _____
2. Amount of savings? \$ _____
3. Parents' or guardians' contribution to your education (college) \$ _____
4. Approximately what percent of the first years cost must you bear yourself? _____ %
5. Do you own an automobile Yes ☐ No, ☐ If yes, make _____ year

M. Amount of other scholarship(s) granted \$

N. In essay form, please tell why you have chosen this field of study, and how you spent your last two summers. (Please use separate sheet to complete essay question)

O. Extra curricular activities: (e.g. clubs, sports, class officer, volunteer work, etc.)

P. Explain any unusual circumstances that you wish considered: (e.g. medical costs, family situation).

Q. References:

1. Academic Name: _____

Street: _____

City/Town: _____

Telephone: _____

2. Work Name: _____

Street: _____

City/Town: _____

Telephone: _____

3. Personal,
list two Name: _____

Street: _____

City/Town: _____

Telephone: _____

Name: _____

Street: _____

City/Town: _____

Telephone: _____

R. Please enclose your high school and/or undergraduate transcripts:

I certify that the above information is true to the best of my knowledge and that no misrepresentation has been intentionally made.

Applicants Signature _____ Date _____